DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/07/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445294 B. WING NAME OF PROVIDER OR SUPPLIER 11/05/2013 STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 658, 9210 APISON PIKE LIFE CARE CENTER OF COLLEGEDALE COLLEGEDALE, TN 37315 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) K 000 | INITIAL COMMENTS K 000 42 CFR 483.70(a) K3 BUILDING: 1-story Type II(222), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1977 K7 SURVEY UNDER: 2000 EXISTING K8 124-bed SNF/NF K 021 NFPA 101 LIFE SAFETY CODE STANDARD K 021 SS=D Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or 1) The air gap in the fire door by the hazardous area enclosure is held open only by conference room was corrected by devices arranged to automatically close all such contractor on 11-08-13 to insure doors by zone or throughout the facility upon it is smoke resistant. 12-06-13 activation of: Plant Director observed other fire a) the required manual fire alarm system; doors in the facility on I I-05-13 to insure there were no gaps and smoke resistant. b) local smoke detectors designed to detect 12-06-13 smoke passing through the opening or a required smoke detection system; and 3) Plant Director and assistant received in-service education by Administrator on c) the automatic sprinkler system, if installed. 11-25-13 to observe for air gaps in fire 19.2.2.2.6, 7.2.1.8.2 doors. Plant Director and/or assistant will make random compliance rounds to insure fire doors close properly and document weekly X4 and monthly X2. 12-06-13 Plant Director and/or assistant will report findings to the PI Committee (Medical Director, DON, SSD, This STANDARD is not met as evidenced by: Pharmacist, HR Director, CDM, RD. Based on observation and interview, it was ES Director, ACT Director, determined fire doors could resist the passage of Administrator, Marketing Director) smoke. monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or The findings include: until compliance is achieved. 12-06-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	PROVIDER OR SUPPLIER RE CENTER OF COL	LEGEDALE		PO B	ET ADDRESS, CITY, STATE, ZIP CODE DX 658, 9210 APISON PIKE LEGEDALE, TN 37315	11	1/05/2013	
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K 021	confirmed the fire d was warped and fai having an air gap of This finding was ver Supervisor and ack	erview with the Maintenance of 5, 2013 at 10:00 a.m. oor by the conference room led to be smoke resistant 1/2 -inch.	K 02					
K 029 SS=E	One hour fire rated of fire-rated doors) or a extinguishing system and/or 19.3.5.4 prote the approved autom	construction (with % hour an approved automatic fire in accordance with 8.4.1 ects hazardous areas. When atic fire extinguishing system	K 029	1)	Unscaled penetrations above the fir doors by rooms 212, 231, soiled lin room next to the in-service room we sealed by Plant Director on 11-11-1	en ene	12-06-13	
	other spaces by smo doors. Doors are se field-applied protecti 48 inches from the b permitted. 19.3.2.	reas are separated from older resisting partitions and older street or older street or older street or older street older		3)	Plant Director and/or assistant cond observations for penetrations above fire doors on 11-05-13. Plant Director and assistant received in-service education by Administrate 11-25-13 to observe fire doors for penetrations. Random observations penetrations above fire doors in facility will be documented by Plant Direct and/or assistant weekly X4 and mon	i or on for lity	12-06-13	
	pased on observation determined one (1) he maintained. The findings include: Observation and interpretor, on October	rview with the Maintenance 5, 2013 at 1:15 p.m. Denetrations above the fire			Plant Director and/or assistant will r findings to the PI Committee (Medical Director, DON, Administra RSM, SSD, Pharmacist, CDM, RD, ACT Director, ES Director, HR Dire monthly to review, analyze and make recommendations as needed for three consecutive months and/or until com is achieved.	report	12-06-13	

3) Soiled linen room next to the in-service room.

1) 212, 2) 231, and

is achieved.

12-06-13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

7-4

PRINTED: 11/07/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION DENTIFICATION NUMBER A BUILDING OF	NAME OF PROVIDER OR SUPPLIER A 445284 A 5TRUNKS 1 - MAIN BULLDING 91 A SILLONG 91 - MAIN BULLDING 91 IT/05/2813 TREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 888, 9210 APISON PIKE COLLEGEDALE PREFIX TAG PROVIDERS PLANGE CORRECTION (FACH CORR	STATEMEN	IT OF DEFICIENCIES	(V1) DOCUMENTS TO SERVICES	Τ.			<u>DMB NO</u>	<u>0. 0938-0391</u>
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Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined staff was not familiar with fire drill procedures are followed. The findings include: 1. Observation during a fire drill with the Maintenance Director on October 5, 2013 at 9:57 a.m. confirmed the two staff discovering the fire falled to check the bathroom, failed to immediately call out the code phrase, and defayed sounding the building fire alarm for greater than 1 minute. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 5, 2013.	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined staff was not familiar with fire drill procedures. The findings include: 1. Observation during a fire drill with the Maintenance Director on October 5, 2013 at 9:57 a.m. confirmed the two staff discovering the fire failed to check the bathroom, failed to immediately call out the code phrase, and delayed sounding the building fire alarm for greater than 1 minute. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 5, 2013. K 061 SS=E			FETY CODE STANDARD	K 0	50	•		
in-service education is conducted with staff on following proper fire procedures on orientation and as indicated. Plant Director and/or assistant will conduct routine fire drills and document monthly X3. 12-06-13 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined staff was not familiar with fire drill procedures The findings include: 1. Observation during a fire drill with the Maintenance Director on October 5, 2013 at 9:57 a.m. confirmed the two staff discovering the fire falled to check the bathroom, failed to immediately call out the code phrase, and delayed sounding the building fire alarm for greater than 1 minute. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 5, 2013.	This STANDARD is not met as evidenced by: Based on observation and interview, it was determined staff was not familiar with fire drill procedures The findings include: 1. Observation during a fire drill with the Maintenance Director on October 5, 2013 at 9:57 a.m. confirmed the two staff discovering the fire falled to check the bathroom, failed to immediately call out the code phrase, and delayed sounding the building fire alarm for greater than 1 minute. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 5, 2013. K 061 K 061 NFPA 101 LIFE SAFETY CODE STANDARD Interview ducation is conducted with staff on following proper fire procedures on orientation and as indicated. Plant Director and/or assistant will conduct routine fire drills and document monthly X3. Plant Director and/or assistant will report findings to PI Committee (Medical Director, Administrator, DON, Pharmacist, CDM, RD, SSD, ACT Director, RSM, HR Director, Plant Director, ES Director, HIM, Administons Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved. K 061 K 061		The staff is familiar that drills are part of Responsibility for plassigned only to corqualified to exercise conducted between announcement may	at least quarterly on each shift, with procedures and is aware established routine. anning and conducting drills is appetent persons who are leadership. Where drills are 9 PM and 6 AM a coded	·	2)	Assistant.#1 were identified as being unfamiliar with fire drill proced Administrator held an in-service on fir procedures with the two staff on 11-2 Plant Director held fire drill and in-sereducation with staff on 11-22-13 to in proper fire drill procedures are follows:	ores. re 2-13. rvice sure	
SS=E		K 061 SS=E	determined staff was procedures The findings include: 1. Observation duri Maintenance Directo a.m. confirmed the trialled to check the baimmediately call out i delayed sounding the greater than 1 minuted This finding was verif Supervisor and acknowledge Administrator during October 5, 2013. NFPA 101 LIFE SAFI	on and interview, it was a not familiar with fire drill ing a fire drill with the r on October 5, 2013 at 9:57 wo staff discovering the fire athroom, failed to the code phrase, and a building fire alarm for a. fied by the Maintenance owledged by the the exit conference on	K 06	4)	in-service education is conducted with on following proper fire procedures or orientation and as indicated. Plant Diractor assistant will conduct routine fidrills and document monthly X3. Plant Director and/or assistant will rep findings to PI Committee (Medical Diractor, DON, Pharmacist, CD RD, SSD, ACT Director, RSM, HR Director, ES Director, HIM, Adr Director) monthly to review, analyze a recommendations as needed for three (consecutive months and/or until complete.)	staff ector re ort rector, M, rector, ussions ind make	

FATEMEN	T OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE C		O. 0938-039
(O 1 D/4)	OF CORRECTION	IDENTIFICATION NUMBER:			1(7/0) 25	ATE SURVEY MPLETED
		445294	B. WING	<u>.</u>		1/05/2013
	PROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE	110312013
JIFE ÇA	RE CENTER OF COLI	_EGEDALE			OX 658, 9210 APISON PIKE LEGEDALE, TN 37315	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	JEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
K 061	Continued From pa	ge 3	K O	24		-
		o that at least a local alarm	K U	1)	systems contractor on 11-08-13 to place tamp switch on PIV at the main entrance to the	i er
			ļ		parking lot	12-06-13
-	This STANDARD is	not met as evidenced by:		(2)	Automatic Sprinkler Contractor placed tampe resistant switch for supervision of local fire alarm to sound on 11-25-13.	12-06-13
K 147 SS=D	determined 1 of 2 standicator valves (PIN supervised (NFPA 1 The findings include Observation and recommendation of 2 standing include Observation and recommendation of the park 3 standing was no tamper switce entrance to the park This finding was verification of the park This find	on and record review, it was prinkler system's post // was not electronically 01, 9.7.2.1). cord review with the por, on October 5, 2013 at at 2:30 p.m. confirmed there is on the PIV at the main ing lot.	K 14	3) 4)	Plant Director and/or assistant received in-service education by Administrator on 11-25-13 for valves to be supervised by local alarm and sound when valves are closed. Plant Director and/or assistant will observe and document panel and tamper switch or PIV at main entrance to the parking lot weekly X4 and monthly X2. Plant Director and/or designee will report findings to the PI Committee (Medical Director, DON, Administrator, Director of Rehab, Medical Records, Pharmacist, Plant Director, CDM, RD, SSD, ACT Director, HR Director, ES Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved.	12-06-13
	Based on observation determined electrical clear space in front of the findings include: Observation and interpretor, on October	rview with the Maintenance				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01

	-	445294	B. WING_	<i>id</i>			
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COLLEGEDALE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 658, 9210 APISON PIKE COLLEGEDALE, TN 37315			11/05/2013	
(X4) ID PREFIX TAG	{ EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETIO DATE
K 147	of combustible mate the electrical room a directly in front of so This finding was ver Supervisor and ack	erials posing a fire hazard in and combustibles stored ome electrical panels, ified by the Maintenance	K 14		Plant Director removed combustible materials in the electrical room on 11-15-13. Residents in area have the potential to laffected by combustibles stored in from of electrical panels.	pe t	12-06-13
				3)	On 11-25-13, Plant Director and assistate received in-service education by Administrator on storing combustible materials away from electrical panels. Plant Director and/or assistant will obsthe area and document weekly X4 and monthly X2		12-06-13
				4)	Plant Director and/or assistant will repo- findings to PI Committee (Medical Director), Administrator, ADON, Pharmac CDM, RD, Director of Rehab, SSD, AC Director, ES Director, Plant Director, Medical Records, HR Director) month- to review, analyze and make recommen as needed for three (3) consecutive mon- and/or until compliance is achieved.	ctor, ist, I ly dations	12-06-13
	a						